

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) did not have water available to him for the three days he was held in CBP custody. He describes the holding cell as "overcrowded." There were twelve minors held in a tiny room. They were given two meals every twenty-four hours: cornflakes and a sandwich. He was very hungry. He slept on the cement floor of the frigid cell.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS EN

(b)(6)  
Signature

5/19/14  
Date

ENTERED

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

*First*

*Last*

*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6)

(b)(6) was in CBP custody for a total of five days in more than one detention center. He was not given anything to drink or eat for what he says was a long time after he was apprehended. When he was finally given water and food, the water contained chlorine, and the food made him ill. He was never received any medical treatment. (b)(6) was forced to sleep in a very cold cell, and had trouble sleeping due to lights that were never turned off and the loud noises throughout the center. He was not given access to any restrooms, nor was he given any personal hygiene items. Overall, (b)(6) feels the CBP officials mistreated him.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 05/22/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

05/22/14  
Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

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### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

*First*

*Last*

*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) was told she would be killed if she moved or ran away when border patrol agents apprehended her in Texas. She told officials she was sixteen years old. In return, they invaded her personal space—humiliating her as they screamed, insulted her, and called her a liar. An agent said “your little scheme won’t work to keep you here in the U.S.” (b)(6) was very hungry during the nine days she was detained in five different CBP detention centers. Officials offered her moldy bread that made her very ill. When she asked for something to settle her stomach she was told “this is not a hospital.” When she vomited, she was accused of being pregnant and a “dirty liar.” She’d ask the time of day and the response was a snap “What do you care? Are you late for work?” During the nine days she was in CBP custody, (b)(6) slept on the cold floor with a sheet of paper for a blanket. The bathrooms were filthy—there were no garbage cans, no privacy, and used sanitary napkins and soiled toilet paper covered the floor. The only water she was given came from the sink in this bathroom. Officials repeatedly told her, “You’re the garbage that contaminates this country.”

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/2014

Name:  
DOB:

(b)(6)

A#:

(b)(6)

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(b)(6)

105/19/2014  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)  
Date of Birth: (b)(6) Alien Registration # (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*  
Organization: Esperanza Immigrant Rights Project  
Phone #: Work: (213) 251-3535  
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

Sixteen year old (b)(6) was detained one day in one "hielera," and two days in another. The water provided tasted like bleach, and the only food she was given was too cold to eat, almost frozen. The "hieleras" were very cold and crowded; the second held about 70 minors. She only received a blanket in the second "hielera" and the lights were never turned off. The restrooms were public and the minor did not receive any hygiene items.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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Charities  
of Los Angeles, Inc.



### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 4/17/2014

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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(b)(6)

04/17/2014  
Date



## COMPLAINT INFORMATION

**1. Information about the person who experienced the civil rights/civil liberties violation**

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

**2. Information about the person filling in this complaint on behalf of the complainant**

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

**3. What happened?**

(b)(6)

(b)(6)

a sixteen year old boy, was never given water during his four days in CBP custody. The minor was given frozen food twice a day that made him sick. The food made a lot of others sick as well. (b)(6) was very hungry, and needed to see a doctor because he had a fever. When he told the officers he was sick, they did not listen to him. Minor was yelled at and CBP officials hit him when he fell asleep. The officials also failed to return his personal belongings.

**4. Who treated you unfairly? Customs and Border Protection**

**5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No**





Catholic  
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of Los Angeles, Inc.



### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 4/4/14

Name:  
DOB:

(b)(6)

A#:

(b)(6)

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(b)(6)  
Signature

4/4/14  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

*First*

*Last*

*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) was in CBP custody for a total of five days in two different detention centers. (b)(6) was not given any water or food when he was apprehended. When he was finally given water and food, the water had chlorine in it, and the food made him ill. He was not given any medical treatment. (b)(6) was forced to sleep in a very cold cell, and had trouble sleeping due to lights that were never turned off and the loud noises throughout the center. He was not given access to any restrooms, nor was he given any personal hygiene items. CBP officials failed to return (b)(6) personal items. The officials yelled at him and refused to allow him to make a phone call to communicate with his parents and/or consulate.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/22/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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(b)(6)  
Signature

5/22/14  
Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a twelve year old boy, was transferred between four different CBP holding facilities. (b)(6) was only given juice to drink, and the food he was given made him ill. (b)(6) was forced to sleep on the floor of a very cold, noisy holding cell, where the lights were kept on throughout the night. (b)(6) was only allowed access to a public restroom, and was not given any personal hygiene items. (b)(6) personal belongings were taken away from him and never returned by the immigration officials. The food provided was bad.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/15/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE \_\_\_\_\_ LANGUAGE BY \_\_\_\_\_ (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

5/15/14  
Date

## Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)  
First and Middle Last

Phone #: Cell: Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: (b)(6)  
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): (b)(6)

Alien Registration #. (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? (b)(6)  
Facility name Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) @AIJustice.org

② **Are you filling in this complaint form on behalf of another individual? If yes, please provide your information.**

Name: (b)(6) Litigation Director  
First Last Job title

Organization (if any): Americans for Immigrant Justice

Phone #: Cell: Home: Work:

Mailing Address: 3000 Biscayne Blvd., Suite 400 Miami, FL 33137  
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.

(b)(6) is a 17-year old who emigrated from Guatemala with her 1-year old daughter. (b)(6) and her daughter were apprehended by CBP officers and held in three hieleras for approximately nine days. At the first hieleras, an officer yelled, "You are just coming to this country to steal our money." (b)(6) was not allowed to change her infant daughter's clothes and she was only once able to change her daughter's diaper. Additionally, her daughter never received a blanket nor food. (b)(6) daughter did not receive diapers until the third day at the second hieleras. There, her daughter did not receive any medical attention or medication despite obviously having a cold. (b)(6) daughter did not receive food until the third day at the third hieleras. The child cried constantly at all three hieleras. (b)(6) believes her daughter cried because she was fed so little.

Continue on an additional page, if needed.





**When did this happen? If ongoing, please indicate when the problem began.**

*(If it happened on more than one date, list all dates):*

(b)(6) entered the United States on December 1, 2013 and was transferred to Miami, FL on December 10, 2013.

**Where did this happen?**

Place *(for example, name the detention facility, airport, other)*:

City: McAllen

State or Country: Texas

**④ Who treated you unfairly?**

An employee, contractor, or officer of *(check as many as apply)*:

☐ Citizenship and Immigration Services (USCIS)

☒ Customs and Border Protection (CBP)\*

☐ Customs Officer

☐ Border Patrol Agent

☐ Federal Emergency Management Agency (FEMA)

☐ Immigration and Customs Enforcement (ICE)

☐ Secret Service (USSS)

☐ Transportation Security Administration (TSA)\*

☐ U.S. Coast Guard (USCG)

☐ Other DHS program *(specify)* :

☐ Not sure which DHS office

☐ Non-DHS employee working under the authority of DHS (e.g., 287g officer)

specify: \_\_\_\_\_

\*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: [www.dhs.gov/trip](http://www.dhs.gov/trip).

**⑤ List anyone else who may have seen or heard what happened.**

*(If you do not know their names, provide whatever details you can)*

Names (or other information, e.g., agency): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

PO Box or Street address

City

State or Country

Zip

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Names (or other information, e.g., agency): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

PO Box or Street address

City

State or Country

Zip

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

*Continue on an additional page, if needed.*



- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court \_\_\_\_\_ Date: \_\_\_\_\_

☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

*Continue on an additional page, if needed.*

- ⑦ Is there any other information you want us to know about or consider?

*Continue on an additional page, if needed.*

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.  
K'anjobal and Spanish
- 

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: [crcl@dhs.gov](mailto:crcl@dhs.gov)

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to [crcl@dhs.gov](mailto:crcl@dhs.gov). Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to [crcl@dhs.gov](mailto:crcl@dhs.gov), or mail to the address listed above.)

## Keep a copy of this complaint for your records.

### Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to [www.dhs.gov/crcl](http://www.dhs.gov/crcl).

To learn more about the Privacy Act go to the Federal Information Center, [www.pueblo.gsa.gov](http://www.pueblo.gsa.gov).

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

Declaration of

(b)(6)

(b)(6)

1. My name is (b)(6) I am seventeen (17) years of age and a native and citizen of Guatemala.
2. I have a one (1)-year-old daughter.
3. I emigrated from my home country with my daughter and arrived in the United States on or around December 1, 2013 at or near Hidalgo, TX.
4. My daughter and I were taken into custody by Customs and Border Patrol (CBP) shortly after arriving in the U.S.
5. My daughter and I were held three (3) different detention facilities known as the "Hieleras", or "Iceboxes", for approximately nine (9) days.
6. I was not allowed to change my one (1)-year-old daughter's clothes at any point during our nine (9) day stay in the "Hieleras". I was yelled at profusely at the first "Hielera" by a male officer who told me, "You are just coming to this country to steal our money". I was only allowed to change my daughter's soiled diaper one time during the entire day that I was held at the first "Hielera". My daughter cried during our entire stay because of the extreme discomfort caused by her soiled diaper, and her lack of warm clothing: my one (1)-year-old daughter was never given a blanket.
7. My daughter was not given any food other than milk until we arrived at the second "Hielera". I asked numerous officers for two (2) days for diapers and was always told "they're coming, don't worry", but the diapers were not given to me until the third day of my stay at the second "Hielera". Upon asking for medical attention due to my daughter's cold, I was told that there was no medical staff available, nor was any medication provided for my daughter during that time.
8. I was given Gerber-brand baby food only at the third "Hielera" in which I stayed for three (3) days: baby food was given a total of two (2) times daily only. My daughter cried of hunger throughout our stay in all of the "Hieleras".

Signature Page

This entire declaration has been read to me in the Spanish language. I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

(b)(6)



12/19/2013  
Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) was in CBP custody for a total of 13 days in two different detention centers. (b)(6) was given food that made her ill, and was not given any subsequent medical treatment. She was forced to sleep in a very uncomfortable and cold cell. She had trouble sleeping due to the lights that were never turned off and the considerable amount of noise throughout the centers. She was not allowed to use the restrooms, nor was she supplied with any personal hygiene items. CBP officials refused to let (b)(6) use the phone to communicate with her parents and/or consulate.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 05/22/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

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(b)(6)

Signature

05/22/14  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a fourteen year old girl, fell ill because the only food provided at the CBP holding facilities was frozen. She was also not given any medical treatment. She was forced to sleep in a cold cell, and had difficulty sleeping due to lights that were left on throughout the night, and the loud crying of babies who were also detained. (b)(6) was ashamed to use the bathroom because it had a camera installed, which allowed officials to have a view of the entire restroom. (b)(6) was not supplied with any personal hygiene items. CBP officials mistreated (b)(6) by yelling at her, and dangerously transporting her alongside other men to a detention facility.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/2/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

5/2/14  
Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a sixteen year old boy, was in CBP custody for a total of eight days. He was restrained in painful three-point shackles while being transferred between two different detention centers. After his apprehension, (b)(6) was not given anything to eat or drink for two days. When finally given something to eat and drink, he was given "Instant Soup," and salt water. The food made him ill, but he did not receive any medical treatment. (b)(6) was forced to sleep in a very cold cell, and had trouble sleeping due to lights that were never turned off and the loud noises throughout the center. He was not given access to any restrooms, nor was he given any personal hygiene items.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5-22-14

Name: (b)(6)

DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

5/22/14  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6)  
*First Last*

Program Director  
*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) was in CBP custody for a total of five days. The food provided made (b)(6) ill. (b)(6) also became dehydrated, but was not permitted to receive any medical treatment. He was forced to sleep in an uncomfortable cell. CBP officials laughed at him and behaved offensively towards him.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 05/15/14

Name: (b)(6)

DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE SPANISH LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Date

05/15/14

(b)(6)



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

*First*

*Last*

*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

Following their apprehension, CBP officials chained up fifteen-year-old (b)(6) and seven others – adults and children – in the van in which they transported them. (b)(6) and the others remained handcuffed in the “hielera.” Immigration officials screamed at them. While detained, (b)(6) was not given any water, only juice. He went a whole day without food because someone dropped some trash and immigration officials punished everyone for it. The food he was eventually given made him sick. He could not sleep because the lights were kept on all night and the holding cell was very cold.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/12/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

5/12/14  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)  
Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*  
Organization: Esperanza Immigrant Rights Project  
Phone #: Work: (213) 251-3535  
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) was in CBP custody for one week. Oscar recounted that when the other children in his cell got sick, the CBP officials said, "It's good you are sick because you should not be in this country." There was a boy who was vomiting in the cell. (b)(6) and the other boys told the guard on patrol and said that that was good and that he should be left alone.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

05/19/14  
Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) and 40 others were given one gallon of water to share after being detained for three hours. CBP denied those who requested more water. Twice a day, (b)(6) was given a sandwich that made him ill; he vomited the food. He was provided with no blanket to keep him warm in the freezing *hielera*. He developed a fever and body aches from his four days in four different *hielera*s and was not permitted to see a doctor until he was transferred to an ORR shelter.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 4/24/14

Name:  
DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

04/24/2014  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

*First*

*Last*

*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

CBP officials did not ask (b)(6) if he was a minor until after he was detained for four days. They were in the process of repatriating him to his home country until he told them he was a minor. He spent a total of a week in immigration detention before he arrived at an ORR shelter. He was handcuffed while detained and forced to sleep in an uncomfortable cement bed.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date:

5/14/14

Name  
DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

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(b)(6)

Date

5/14/14



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a sixteen year old boy, was in CBP custody for a total of eight days. He was shackled when transported between three different detention centers. He was not given food or water for awhile once he was apprehended. When he was finally given water and food, the water had chlorine in it and the food made him ill. He did not receive any medical treatment. He was forced to sleep in a very cold cell, and had trouble sleeping due to lights that were never turned off and the loud noises throughout the center. (b)(6) was allowed to use a public restroom, but was not given any personal hygiene items. (b)(6) reports being yelled at by CBP officers.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 05/22/2014

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

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(b)(6)

5/22/14  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant Name:

(b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project  
Phone #: Work: (213) 251-3535  
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a thirteen year old boy, was detained for more than 72 hours in three different detention facilities. (b)(6) was given water with chlorine and food that made him ill. He was not provided with any medical treatment. (b)(6) was forced to sleep in a very cold cell, and had difficulty sleeping due to the lights that were kept on during the entire night and the loud noise in the facilities. (b)(6) was not permitted to use the restroom, and was not provided with personal hygiene items. Additionally, (b)(6) was separated from his older brother, which scared him very much. Overall, the immigration officials mistreated (b)(6) by yelling at him, and failing to return his personal belongings.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/15/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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(b)(6)  
Signature

5/15/2014  
Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) fled his country following attempts on his life following his refusal to join a gang. After he was apprehended by CBP, (b)(6) was held in three different hieleras. He was only given food once every ten hours. He says the detainees were unable to sleep because guards would come in frequently shouting things like "you don't deserve to be here, you are intruders!"

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/2/2014

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

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(b)(6)

05/02/14  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a nine-year old boy, was separated from his sister and remained in CBP custody for a total of seven days. He felt very scared. He was held in several different detention centers, where he was given water that tasted of bleach. The holding centers were very cold, and he could not sleep because the lights were never turned off and there was a considerable amount of loud noise. The immigration officials would also yell at (b)(6) to wake up in the middle of the night. (b)(6) was allowed to use a public restroom, but was never given any personal hygiene items. The immigration officials did not let (b)(6) use a telephone to communicate with his parents or consulate.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/12/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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(b)(6)

Signature

72 de Mayo  
Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

*First*

*Last*

*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6)

(b)(6) an 11 year old girl, was in CBP custody for a total of seven days. The water provided tasted of bleach and she was given food that made her ill. (b)(6) was held in a very cold cell where she could not sleep due to the noise and the lights that were kept on throughout the night. Immigration officials would wake (b)(6) up each time she managed to fall asleep. The only available bathroom afforded no privacy and she was not supplied with any personal hygiene items. Overall, (b)(6) felt that the immigration officials mistreated her.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/12/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

5-12-2014  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

*First*

*Last*

*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a fifteen year old girl, was detained in several different CBP detention facilities. She was given water with chlorine, and only frozen food, which made her ill. She was not given any medical treatment. (b)(6) was held in very cold cells, where she could not sleep because lights were left on throughout the night. The immigration officials did not permit (b)(6) to use any of the public restrooms because the restrooms did not have any cameras installed. (b)(6) was not supplied with any personal hygiene items. CBP officials mistreated (b)(6) by yelling at her and transporting her from one facility to another in the middle of the night with male strangers.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: May-15-14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

5-15-14  
Date





Department of Homeland Security (DHS)  
Office for Civil Rights and Civil Liberties

## Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

### CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

**Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.**

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see [www.dhs.gov/eeo](http://www.dhs.gov/eeo).)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

### Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



## Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**  
(fill in what you can)

Name: (b)(6) (b)(6)  
First and Middle Last  
Phone #: Cell: see attorney info below Home: Work:  
Please note that we may contact you at the provided numbers.  
Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604  
PO Box or Street address City State Zip  
Date of Birth: (b)(6) Email (optional): see attorney info below  
Alien Registration #: (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640

Facility name

Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) (see above)

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation  
First Last Job title  
Organization (if any): National Immigrant Justice Center  
Phone #: Cell: Home: Work: (312) 660-1308  
Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604  
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.  
See attached.

Continue on an additional page, if needed.

**When did this happen? If ongoing, please indicate when the problem began.**

*(If it happened on more than one date, list all dates):*

See attached.

**Where did this happen?**

Place *(for example, name the detention facility, airport, other)*: \_\_\_\_\_

City: near Hidalgo State or Country: Texas

**④ Who treated you unfairly?**

An employee, contractor, or officer of *(check as many as apply)*:

- |  |   |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS)    |   |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Not sure which DHS office                    |
| <input type="checkbox"/> Customs Officer                                 | <input type="checkbox"/> Non-DHS employee working under the authority |
| <input type="checkbox"/> Border Patrol Agent                             | of DHS (e.g., 287g officer)   |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA)      | specify: _____  |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE)       |   |
| <input type="checkbox"/> Secret Service (USSS)                           |   |
| <input type="checkbox"/> Transportation Security Administration (TSA)*   |   |
| <input type="checkbox"/> U.S. Coast Guard (USCG)                         |   |
| <input type="checkbox"/> Other DHS program <i>(specify)</i> :            |   |

\*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: [www.dhs.gov/trip](http://www.dhs.gov/trip).

**⑤ List anyone else who may have seen or heard what happened.**

*(If you do not know their names, provide whatever details you can)*

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: \_\_\_\_\_  
PO Box or Street address City State or Country Zip

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Names (or other information, e.g., agency): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box or Street address City State or Country Zip

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

*Continue on an additional page, if needed.*

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court \_\_\_\_\_ Date: \_\_\_\_\_

☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

*Continue on an additional page, if needed.*

- ⑦ Is there any other information you want us to know about or consider?

*Continue on an additional page, if needed.*



- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: [crcl@dhs.gov](mailto:crcl@dhs.gov)

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

*Note:* Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to [crcl@dhs.gov](mailto:crcl@dhs.gov). Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to [crcl@dhs.gov](mailto:crcl@dhs.gov), or mail to the address listed above.)

## Keep a copy of this complaint for your records.

### Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to [www.dhs.gov/crcl](http://www.dhs.gov/crcl).

To learn more about the Privacy Act go to the Federal Information Center, [www.pueblo.gsa.gov](http://www.pueblo.gsa.gov).

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)

My assigned Alien number is: (b)(6)

I was detained by Border Patrol Agents at or near: Hidalgo, TX

I was detained by Border Patrol Agents on or about: Febrvaru 20, 2014

My age at the time I was detained: 17 FINS #: (b)(6)

Event #: (b)(6)

Border Patrol Agent: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Location of Border Patrol Agent: \_\_\_\_\_

I, (b)(6), declare and affirm that the following took place:

Immigration found me just past the river and took me to the nieleras. They asked me how old I was and I said I did not know, but I thought I was 18 years old. Since I told the officer I was 18, I was transferred to a center for adults in Texas. I was there for about one month. I went in front of a judge and received a deportation order. I was then transferred to Georgia for about two months to wait to be deported. The other prisoners mistreated me. They asked me how old I was and I told the truth; that I did not know. They would call me names, they would call me small (chaparro). I am very short and the fact that they made comments about my size and my body made me very nervous. I thought that they could physically harm me if they wanted to. They would say I was dumb because I didn't know how old I was. I was very scared to talk to the adults, I stayed in my bed as much as I could to avoid talking to them and to stay away from them. They would get into physical and verbal fights inside our cell and it scared me a lot. The adults talked about very bad things like sex and drinking alcohol, I did not like it when they talked about these things, it made me feel very bad. While I was in Georgia my